

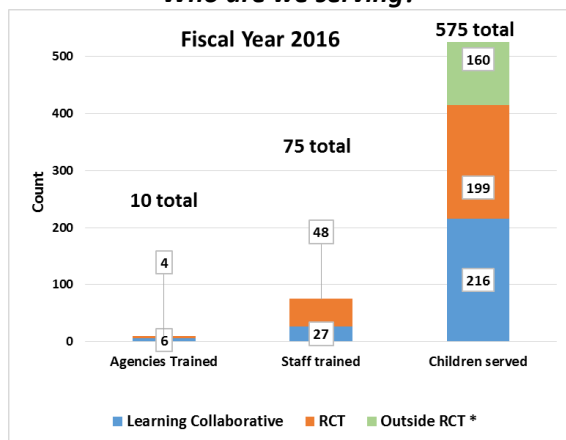
FY 2016 Quarter 4 DCF Program Report Card: MATCH-ADTC

Contribution to the Result: Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC) is an evidence-based treatment model that addresses 70% of the most common presenting problems in children's mental health outpatient services. To foster the effective and successful sustainability of MATCH-ADTC throughout Connecticut, DCF, in partnership with CHDI (coordinating center) and Harvard University (model developer and clinical trainer) are providing in-depth training combined with robust and ongoing consultation to community provider agencies. Dissemination and implementation strategies include a randomized controlled trial (RCT) led by Harvard, and a Learning Collaborative approach led by CHDI.

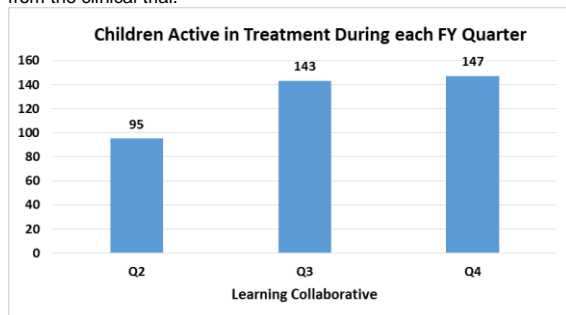
Program Funding	State Funding	Federal Block Grant Funding	Total Funding
SFY 2016	\$1,000,000.00	\$165,052.00	\$1,165,052.00

Partners: Child Health and Development Institute of Connecticut, Community Provider Agencies, Department of Children and Families, Harvard University

Who are we serving?



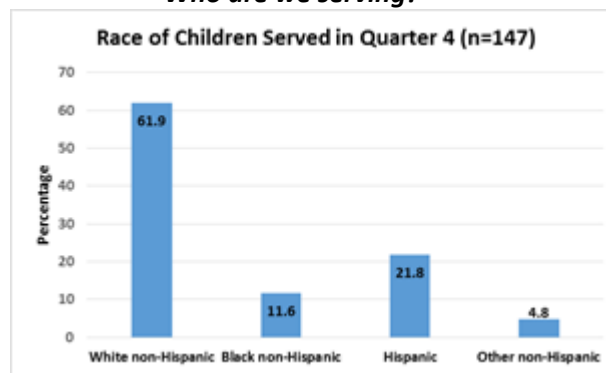
*Estimated number of children served at RCT agencies, separate from the clinical trial.



Story behind the baseline: MATCH-ADTC is in the process of spreading evidence-based practice in community provider agencies (CPAs) throughout the state. The Learning Collaborative far exceeded its FY16 goal of 170 children served, with an actual total of 216 served.

Trend: ▲

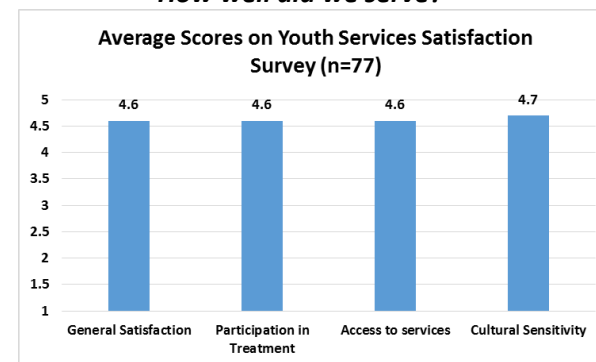
Who are we serving?



The intended age range for MATCH is 6-15 years old. Of the 147 children served from April-June 2016, 97% fell within this age range (100% during Q3), with 57% of children between the ages of 6-12 (55% during Q3), 41% between the ages of 13-16 (45% during Q3), and less than 1% of children between the ages of 0-5. Of these children 51% are Male (48% during Q3) and 49% are Female (52% during Q3).

During the period of April-June 2016, 61.9% of children were White non-Hispanic (65% during Q3), 11.6% were African American non-Hispanic (9.1% during Q3), 21.8% were Hispanic (23.8% during Q3), and 4.8% were "Other" non-Hispanic (2.1% during Q3). State demographic data reveals that Hispanic children are being served at a higher rate than their overall population within the state (15%), while African American Children are being served proportional to the state population (11.5%).

How well did we serve?



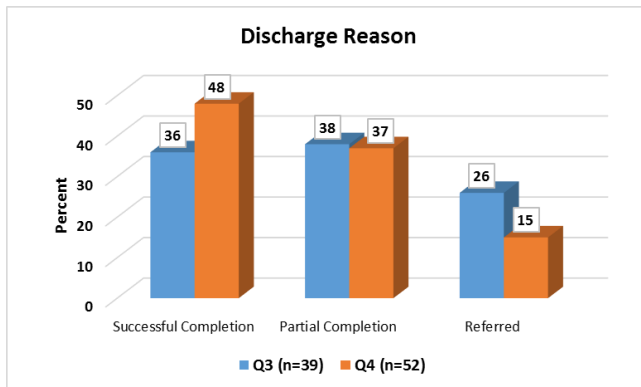
Satisfaction with MATCH services is measured by caregiver's responses on the Youth Services Satisfaction Survey (YSSF). Responses are scored on a Likert Scale of 1-5, with 5 indicating "Very Satisfied" and 1 indicating "Very Unsatisfied". Of the 77 surveys completed between April-June 2016, average scores in each category were well above the "Satisfied" score of 3.5, with most scores at or above 4.5. Client satisfaction during Quarter 3 closely mirrored that of Quarter 4, with 77 surveys completed and average scores in each category at or above 4.5.

Trend: ▲

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

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How well did we serve?



Story behind the baseline: Of the 52 children discharged from MATCH treatment between April-June 2016, 48% successfully completed MATCH treatment, 37% partially completed treatment, predominantly due to families discontinuing service, and 15% were referred to a different treatment based on their service needs.

On average, Clinicians saw their clients 2.25 times a month. Of all planned visits between April and June 2016, 92% were attended and 8% were “no show” appointments in which the client did not attend.

Trend: ▲

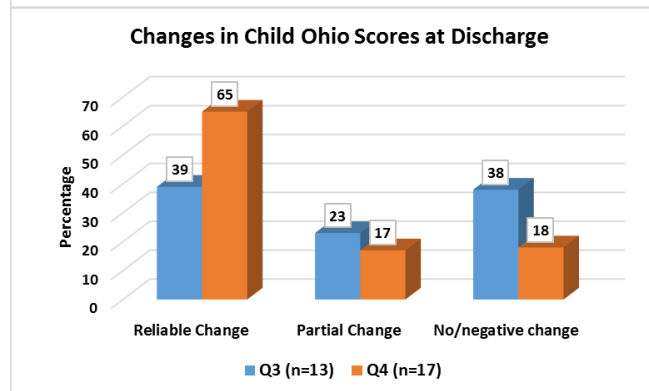
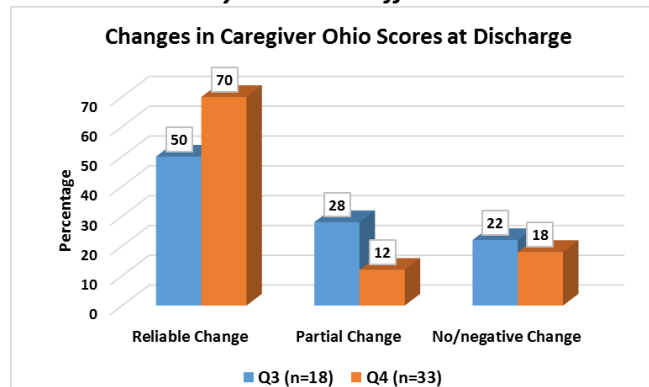
Is anyone better off?

Story behind the baseline: To assess symptom reduction and functioning improvement among children receiving MATCH, the Ohio scales, a clinical assessment tool, are administered every 3 months to Children and Caregivers.

According to Caregiver responses on the Ohio Scales, 70% of children experienced a reliable change* in problem severity and/or functioning scores. According to Children’s responses on Ohio Scales, 65% experienced reliable change* in problem severity and/or functioning scores. These treatment outcomes are notably better than those experienced by children receiving general outpatient therapy.

Trend: ▲

Is anyone better off?



Reliable Change*: Refers to an 8 point (or higher) increase in Functioning score and/or a 10 point (or higher) decrease in Problem Severity score, between baseline and discharge assessment.

Partial Change:** Refers to a 4-7 point increase in Functioning score and/or a 5-9 point decrease in Problem Severity score, between baseline and discharge assessment.

No/Negative Change: Refers to a 3 point (or less) increase in Functioning scores and/or a 4 point (or less) decrease in Problem Severity Score, between baseline and discharge assessment.

Proposed Actions to Turn the Curve

- Continue providing in-depth clinical consultation, implementation consultation and technical support to agencies and staff through the Learning Collaborative.
- Expand the number of clinicians trained and certified to deliver MATCH at each agency
- RCT enrollment is anticipated to be completed in 2016 and an evaluation report will be available in 2018. It is currently too early to report on client trends and outcomes from the RCT.
- Increase frequency of Ohio Scale Problem Severity assessment to once per month in order to enhance clinical data-driven decision making.

Data Collection Plan

- Streamline improvements to online data collection system (EBP Tracker) for MATCH
- Increase efficiency of data entry and reporting on client and agency population outcomes
- Improve outcomes analysis through increased clinical data collection at monthly level (Ohio Scale Problem Severity Assessment)